

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. * 147

Place of Birth GLOBE County GILA No. 163 MESQUITE St.

SEX OF CHILD* Twin } and { Number
FEMALE Triplet } in order
or other? } of birth

DATE OF BIRTH* MAY 7 1929
(Month) (Day) (Year)

FULL* FATHER
NAME FREDERICK WESLEY BRENNER

FULL* MOTHER
MAIDEN NAME HAZEL AMORAH SMITHSON

I HEREBY CERTIFY that the child described herein has been named

ADA LORRAINE BRENNER
(Give name in full) (Surname)

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

© 10M 1-45

Harry J. Brenner age 24
129-567-825